

Rationale for PCMH Legislation

What can legislation accomplish that we couldn't necessarily have without it?

1. Uniformity of standards and definitions, even if the program is entirely voluntary

Discussion: Montana consumers will need to know what it means if clinics or providers call themselves a medical home. Payers may need to know to whom they should provide enhanced payment. Providers will need to know how to achieve PCMH recognition in order to receive enhanced reimbursement. The PCMH Advisory Council is temporary and cannot do more than recommend.

Alternative: Providers use the term without uniformity, with or without enhanced payment. Payers and providers agree on payment and practice standards without uniformity.

2. Legal structure for administering a statewide program

Discussion: The PCMH Advisory Council cannot administer a program or set policy. If standards for recognition and definitions are to be uniform, some entity needs to oversee the effort. Payers and providers need to know to whom to turn for information and guidance.

Alternative: An entirely private structure with no government involvement could set standards for voluntary participation, but would quickly run up against anti-trust concerns around payment issues.

3. Anti-trust exemption for agreement on paying for PCMH

Discussion: Legislation will trigger the "state action immunity doctrine." The US Supreme Court has found that legitimate state decisions to supplant competition may override federal antitrust law. The court established a two-pronged test that provides the basis for immunity: First, has the state clearly articulated and affirmatively expressed, as state policy, its intent to displace competition? Second, has the state itself committed to actively supervise the anti-competitive conduct and its results with ongoing oversight?

Alternative: Do not have any agreements about enhanced payments. Providers and payers would need to negotiate independently.

4. Future consideration of requiring payer participation

Discussion: Montana may not be ready for a requirement at this time, it is possible there will be an interest down the road to get all payers in the mix. As rules of a state exchange come on board, we may need to anticipate this requirement.

Alternative: forego the flexibility for requiring participation or delay legislation.

5. Future consideration of requiring provider participation

Discussion: We may never contemplate requiring providers to become medical homes, but there may be needs for data reporting on a statewide basis to achieve that savings, health outcomes, and patient satisfaction desired by PCMH.

Alternative: forego the flexibility for requiring participation or delay legislation.

What do the relevant survey questions suggest about the need for legislation?

1. To what degree do you think there should be some type of regulation required for primary care practices to demonstrate their ability as PCMH? (Not asked of providers)

	Great	Moderate	Unsure	Small	Not at all
Practice Managers	12.7% (7/55)	41.8% (23/55)	30.9% (17/55)	0% (0/55)	14.5% (8/55)
	54.5% (30/55)		30.9% (17/55)	14.5% (8/55)	

2. To what degree do you think there should be a state-wide effort to help primary care practices become PCMH? Or should there be a state-wide project?

	Great	Moderate	Unsure	Small	Not at all
Practice Managers	25.5% (14/55)	43.6% (24/55)	16.4% (9/55)	5.5% (3/55)	9.1% (5/55)
	69.1% (38/55)		16.4% (9/55)	14.5% (8/55)	
Providers		56.5% (83/147)	37.4% (55/147)		6.1% (9/147)
		Yes	Unsure		No

Of the 72% (41/57) who said their level of knowledge about PCMH was high or medium (in the manager survey) or the 73% (108/147) who answered “yes” (in the provider survey):

1. To what degree do you think there should be some type of regulation required for primary care practices to demonstrate their ability as PCMH? (Not asked of providers)

	Great	Moderate	Unsure	Small	Not at all
Practice Managers	17.1% (7/41)	36.6% (15/41)	26.8% (11/41)	0	19.5% (8/41)
	53.7% (22/41)		26.8% (11/41)	19.5% (8/41)	

2. To what degree do you think there should be a state-wide effort to help primary care practices become PCMH?

	Great	Moderate	Unsure	Small	Not at all
Practice Managers	29.3% (12/41)	41.5% (17/41)	9.8% (4/41)	7.3% (3/41)	12.2% (5/41)
	70.8% (29/41)		9.8% (4/41)	19.5% (8/41)	
Providers		64.8% (70/108)	28.7% (31/108)		6.5% (7/108)
		Yes	Unsure		No

Of the 65% (37/57) of practice managers and the 55% (81/147) of providers who said their level of confidence that PCMH would work in their practice, was great or moderate:

1. To what degree do you think there should be some type of regulation required for primary care practices to demonstrate their ability as PCMH? (Not asked of providers)

	Great	Moderate	Unsure	Small	Not at all
Practice Managers	18.9% (7/37)	43.2% (16/37)	27% (10/37)	0	10.8% (4/37)
	62.1% (23/37)		27% (10/37)	10.8% (4/37)	

2. To what degree do you think there should be a state-wide effort to help primary care practices become PCMH?

	Great	Moderate	Unsure	Small	Not at all
Practice Managers	32.4% (12/37)	48.6% (18/37)	8.1% (3/37)	5.4% (2/37)	5.4% (2/37)
	81% (30/37)		8.1% (3/37)	10.8% (4/37)	
Providers		71.6% (58/81)	27.2% (2/81)		1.2% (1/81)
		Yes	Unsure		No